

## OCCUPATIONAL QUESTIONNAIRE

### Physician Assistant

1. Choose one statement from the descriptions below that best describes you. Please CIRCLE only one letter. (A, B, or C)
  - A. I have never been convicted of a felony offense.
  - B. I have been convicted of a felony offense, but I have proof of relief of firearms disabilities that expressly authorizes me to carry a firearm. Proof of relief of firearms disabilities is enclosed with my application package.
  - C. I have been convicted of a felony offense, and I do not have proof of relief of firearms disabilities. STOP HERE. You do not meet a condition of employment based on the Omnibus Crime Control and Safe Streets Act that prohibits felons/ex-felons from possessing firearms.
2. Choose the statement from the descriptions below that best describes you. Please CIRCLE only one letter. (A, B, or C)
  - A. I have never been convicted of a misdemeanor crime of domestic violence.
  - B. I have been convicted of a misdemeanor crime of domestic violence, but I have proof that the conviction has been expunged or set aside or I have been pardoned. Proof of my exoneration is enclosed with my application package.
  - C. I have been convicted of a misdemeanor crime of domestic violence that has not been expunged or set aside or I have not been pardoned. STOP HERE. You do not meet a condition of employment based on Title 18, United States Code, Section 922(g)(9) that prohibits offenders from possessing firearms.
3. From the responses below, select the one that most closely and accurately describes the education and/or experience you possess and demonstrates your ability to perform physician assistant work. Review the Qualification Requirements in Physician Assistant Announcement 603 prior to making your selection. Please CIRCLE only one letter. (A, B, C, or D)
  - A. OPTION 1: I have a bachelor's degree in a health care occupation such as nursing, medical technology, or physical therapy OR three years of full time responsible and progressive health care experience such as medical corpsman, nursing assistant, or medical technician AND I have successfully completed a physician assistant program that is accredited in the United States OR OPTION 2: I have foreign medical education equivalent to 4 U.S. academic years for which credit has been given towards the completion of a medical curriculum (must have completed full medical curriculum) AND I have a letter from the Educational Commission for Foreign Medical Graduates (ECFMG) which states that I am eligible for a standard ECFMG certificate when I pass the Foreign Medical Graduate Examination in Medical Science and English. My credentials evaluation and letter from the ECFMG are enclosed with my application package.

- B. OPTION 1: I have completed the requirements described in OPTION 1 in A above AND I have one year of full time professional experience as a physician assistant at the GS-7 grade level OR OPTION 2: I have completed 3 full years of a curriculum in a medical school, that is accredited in the United States, leading to the doctor of medicine or doctor of osteopathy degree OR OPTION 3: I have foreign medical education that is equivalent to 6 U.S. academic years for which credit has been given towards the completion of a medical curriculum (must have completed full medical curriculum) AND I have a letter from the Educational Commission for Foreign Medical Graduates (ECFMG) which states that I am eligible for a standard ECFMG certificate when I pass the Foreign Medical Graduate Examination in Medical Science and English. My credentials evaluation and letter from the ECFMG are enclosed with my application package.
- C. OPTION 1: I have completed the requirements described in OPTION 1 in A above AND I have one year of full time professional experience as a physician assistant at the GS-9 grade level OR OPTION 2: I have completed all the requirements for a U.S. degree of doctor of medicine or osteopathy OR OPTION 3: I have foreign medical education that is equivalent to a U. S. degree of doctor of medicine or osteopathy. My credentials evaluation is enclosed with my application package.
- D. I do not fully possess the amount or type of education and/or experience in any of the above responses.

When responding to items number 4 through 8, select one response in EACH item that most closely and accurately describes the level of education and/or experience you possess and demonstrates your ability to perform physician assistant work. Review the Qualification Requirements in Physician Assistant Announcement 603 prior to making your selections. Please CIRCLE only one letter in EACH item for numbers 4 through 8. (A, B, C or D) PROVIDE DETAILED DESCRIPTIONS OF DUTIES ON YOUR APPLICATION OR RESUME TO SUPPORT THE RESPONSES YOU SELECT BELOW.

4. Skill in making diagnosis and selecting and providing appropriate treatment for medical or surgical emergencies (life or death or severe injury), as indicated until emergency assistance arrives.
- A. With a high degree of independence and responsibility, I have provided care in an emergency or surgical setting (e.g., performed advanced cardiac life support (ACLS); stabilized traumatized patient with a major wound; worked as a physician assistant in a hospital emergency/surgical room; worked as a physician assistant in a critical care environment such as Intensive Care Unit (ICU); performed triage in a situation involving injuries to multiple victims; led a medical response team in an emergency situation).
- OR
- B. I have provided care in a clinical setting under the supervision of a physician (e.g., provided assistance to the physician in an emergency situation; served as a member of a medical response team; OR completed ACLS course work or ACLS certified).
- OR
- C. I have provided limited care to patients under clearly defined guidelines or under close

supervision of physician (e.g., provided initial assessment (checked the air way, breathing and circulation) and requested help; performed cardiac pulmonary resuscitation (CPR); applied direct pressure to control bleeding of a wound; OR completed a rotational assignment in a hospital emergency room).

OR

D. I do not fully possess the type of education and/or experience reflected in any of the above responses.

5. Ability to assess a patient's condition, and to initiate appropriate treatment.

A. I have been independently responsible for identifying a medical condition and determining the appropriate course of action with limited/occasional consultation from a physician (e.g., made a differential diagnosis using tests and the physical assessment to rule out other conditions and determine the appropriate treatment; worked in a long-term care facility with chronic care patients; worked as a physician assistant in a satellite clinic in the absence of the physician).

OR

B. I have had limited independence for identifying and treating a medical condition with minimal consultation from the physician (e.g., conducted sick call; provided routine care in an outpatient clinic; worked in a family practice/internal medicine setting; provided appropriate consulting referrals to specialist; evaluated and interpreted test results and initiated proper follow-up or treatment).

OR

C. I have worked closely under the FULL supervision of a physician in providing care to patients (e.g., performed history and physical examination and recognized the need for further investigation; worked as a physician assistant in private practice; examined patient and provided physician the chart to obtain instructions for treatment and follow-up care; experience limited to diagnosing and treating only non-life threatening illnesses or injuries).

OR

D. I do not fully possess the type of experience reflected in any of the above responses.

6. Knowledge of pharmaceuticals to treat disease and illness, to include a knowledge of the mechanism of action, side effects, toxic nature and drug interactions of medications.

A. I have independently prescribed medication for complex medical conditions (e.g., adjusted prescription dosage to stabilize patient; prescribed medications for chronic and acute diseases; stabilized patient who had an allergic reaction to a drug; treated patients

requiring more than one drug to manage drug interactions).

OR

- B. I have independently prescribed medication for common medical conditions (e.g., prescribed medication for common medical conditions without needing approval from a physician; provided explanation to patients regarding medication dosage, side effects and drug interactions; OR completed yearly Continuing Medical Education (CME) to maintain physician certification).

OR

- C. Under direct supervision, I have prescribed medication for routine medical conditions (e.g., prescribed medication to patients with prior approval from physician in all cases; sought advice from physician on what medications to prescribe for illness; OR completed pharmaceutical training).

OR

- D. I do not fully possess the type of education and/or experience reflected in any of the above responses.

7. Ability to interpret diagnostic tests in order to determine therapeutic treatment plans.

- A. I have independently interpreted a wide range of diagnostic tests and prescribed therapeutic medical care with occasional consultation with a physician (e.g., gained experience working with a specialist in areas such as internal medicine, orthopedic, etc.; interpret test results on an ongoing basis to determine course of treatment for chronic illnesses such as HIV, hypertension, or diabetes; made referrals for specialized diagnostic tests such as MRI, CAT scan, cardiac enzymes test, bone scan, etc.; acquired experience as a physician assistant in a medical/surgical hospital).

OR

- B. I have experience interpreting routine diagnostic tests and prescribing therapeutic medical care under minimal supervision (e.g., evaluated X-ray and determined appropriate course of action (e.g., splint); interpreted initial test results and determined the need for additional testing (e.g., based on results of urinalysis (UA) requested a kidney urinary bladder (KUB) test); acquired experience as a physician assistant working in a family practice).
- C. I have experience which shows the ability to interpret simple diagnostic tests with supervision (e.g., interpreted basic diagnostic tests such as a urinalysis (UA); interpreted complete blood count (CBC) and other blood work; interpreted the electrocardiogram (EKG) results; used the spirometer to check for lung capacity).

OR

- D. I do not fully possess the type of experience reflected in any of the above responses.
8. Ability to deal effectively with patients.
- A. I have extensive experience working effectively with a variety of patients, including those of diverse/multi-cultural backgrounds regarding a variety of medical conditions (e.g., provided care and treatment to a variety of populations (e.g., long term care, young patients, old patients); acquired experience as a member of a multi-cultural team such as in a psychiatric or rehabilitation center; experience working with hostile or non-communicative patients; experience working as a supervisor or manager in a medical setting; conducted patient education programs).

OR

- B. I have experience working effectively with patients regarding a variety of medical conditions (e.g., explained complex medical problems in layman's terms to patients; asked open-ended questions to gather detailed medical information from patients; questioned patient about positive responses to medical problems checked on medical questionnaire form and asked the appropriate follow-up questions).

OR

- C. I have limited experience working with patients in a medical setting (e.g., collected basic information about the medical condition from patients to complete medical history forms; communicated with patients in basic terms regarding common illnesses).

OR

- D. I do not fully possess the type of experience reflected in any of the above responses.
9. Are you certified by NCCPA? CIRCLE yes or no below. If your answer is yes, please provide your certification number and date certified.

NCCPA Certification: YES      Certification Number: \_\_\_\_\_  
                                 NO      Date Certified: \_\_\_\_\_

**WARNING:** Your answers will be verified against the narrative information you provide in your resume or application and information your references provide. Falsifying your background, education and experience is cause for not selecting you, for firing you after you begin employment, and for barring you from applying for Federal employment. Therefore, carefully review your answers to ensure that they accurately reflect your actual employment and/or educational background. PLEASE SIGN AND DATE BELOW.

\_\_\_\_\_/\_\_\_\_\_  
(PRINTED NAME) (SIGNATURE)

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(DATE)

(SOCIAL SECURITY NUMBER)

We appreciate your interest in employment with the Bureau of Prisons